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FAX**GlaxoSmithKline****To** Attn: Examiner Christopher R. Harmon, Group 3721**Company** USPTO**Fax** 703-872-9306**From** Marjorie J. Pfeiffer**Tel** 1-919-483-9038; Facsimile: 1-919-483-7988**E-mail** marjorie.j.pfeiffer@gsk.com**Date** September 15, 2004 **Pages including cover** 22**Subject** Response to Notice of Non-compliant Amendment

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Re: Application of Alan Anthony WILSON et al.
U.S. Serial No.: 09/979,569; Filed: November 19, 2001
Title: *Method and Apparatus for Loading a
Container with a Product*
Attorney Docket No. PU3707USw

Attached:

1. Transmittal Form with a Certificate of Transmission (37 CFR 1.8(a))
2. Response to Notice of Non-compliant Amendment (20 pages)

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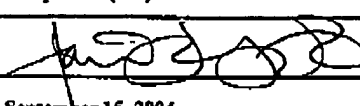
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/979,569
	Filing Date	November 19, 2001
	First Named Inventor	Alan Anthony WILSON
	Art Unit	3721
	Examiner Name	Harmon, Christopher R
Total Number of Pages In This Submission	Attorney Docket Number	PG3707USw

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks Applicants believe that no fee is required for this submission. However, the Commissioner is hereby authorized to charge any fees required or credit any overpayment to Deposit Account No. 07-1392.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or individual name	James P. Riek Registration No. 39,009 Telephone: (919)483-8022	
Signature		
Date	September 15, 2004	

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Typed or printed name	Marjorie J. Pfeiffer	
Signature		Date September 15, 2004

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